Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)*

1. Actions Requested REQUEST TO FILL (ARMY AGR)	2. Request Number
3. For Additional Information Call *(Name and Telephone Number)* (POINT OF CONTACT AND TELEPHONE NUMBER)	4. Proposed Effective Date MM-DD-YY
5. Action Requested By *(Typed Name, Title, Signature, and Request Date)* IMMEDIATE SUPERVISOR	6. Action Authorized by *(Typed Name, Title, Signature, and Concurrence Date)* SECOND LINE SUPERVISOR

PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name *(Last, First, Middle)*	2. Social Security Number	3. Date of Birth	4. Effective Date

FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number

8. Pay Plan	9.Occ. Code	10.Grade or Level	11.Step or Rate	12. Total Salary	13.Pay Basis

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay

14. Name and Location of Position's Organization

15. TO: Position Title and Number

UNIT OF ASSIGNMENT
POSITION: MOS:
PARA LINE

8. Pay Plan	9.Occ. Code	18.Grade or Level E-6	19.Step or Rate	20. Total Salary/Award	13.Pay Basis

20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

22. Name and Location of Position's Organization

OFFICE OF THE ADJUTANT GENERAL
5636 EAST MCDOWELL ROAD
PHOENIX, AZ 85008-3495

EMPLOYEE DATA

23. Veterans Preference ☐ 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	24. Tenure ☐ 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite	25. Agency Use ☐	26. Veterans Pref for RIF ☐ YES ☐ NO
27. FEGLI ☐	28. Annuitant Indicator ☐		29. Pay Rate Determinant ☐
30. Retirement Plan ☐	31. Service Comp. Date (Leave)	32. Work Schedule ☐	33. Part-Time Hours Per Biweekly Pay Period ☐

POSITION DATA

34. Position Occupied ☐ 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career	35. FLSA Category ☐ E - Exempt N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code	39. Duty Station *(City - County - State or Overseas Location)* UNIT, CITY, STATE, ZIP		

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship ☐ 1 - USA 8 - Other	50. Veterans Status ☐	51. Supervisory Status ☐

PART C - Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date

CONTINUED ON REVERSE SIDE **OVER**
52-118

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? If "YES", please state these facts on a separate sheet and attach to SF 52.) ☐ YES ☐ NO

SELECTING SUPERVISOR: PERSON WHO WILL BE MAKING THE SELECTION
MOS:
AREA OF CONSIDERATION: I.E. NATIONWIDE, CURRENT ON-BOARD AGR, ETC.
ADDITIONAL REMARKS: ANY SPECIAL REMARKS YOU WANT ADDED TO THE ANNOUNCEMENT

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address *(Number, Street, City, State, ZIP Code)*

PART F - Remarks for SF 50

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)*

1. Actions Requested DETAIL (ARMY AGR) NTE: MM-DD-YY	2. Request Number
3. For Additional Information Call *(Name and Telephone Number)* (POINT OF CONTACT AND TELEPHONE NUMBER)	4. Proposed Effective Date MM-DD-YY
5. Action Requested By *(Typed Name, Title, Signature, and Request Date)* IMMEDIATE SUPERVISOR	6. Action Authorized by *(Typed Name, Title, Signature, and Concurrence Date)* SECOND LINE SUPERVISOR

PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name *(Last, First, Middle)*	2. Social Security Number	3. Date of Birth	4. Effective Date

FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number
UNIT OF ASSIGNMENT
POSITION: MOS:
PARA LINE

8. Pay Plan	9.Occ. Code	10.Grade or Level	11.Step or Rate	12. Total Salary	13.Pay Basis
		E-6			

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay

14. Name and Location of Position's Organization
OFFICE OF THE ADJUTANT GENERAL
5636 EAST MCDOWELL ROAD
PHOENIX, AZ 85008-3495

15. TO: Position Title and Number
UNIT OF ASSIGNMENT
POSITION: MOS:
PARA LINE

8. Pay Plan	9.Occ. Code	18.Grade or Level	19.Step or Rate	20. Total Salary/Award	13.Pay Basis
		E-6			

20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

22. Name and Location of Position's Organization
OFFICE OF THE ADJUTANT GENERAL
5636 EAST MCDOWELL ROAD
PHOENIX, AZ 85008-3495

EMPLOYEE DATA

23. Veterans Preference ☐
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

24. Tenure ☐
0 - None 2 - Conditional
1 - Permanent 3 - Indefinite

25. Agency Use ☐

26. Veterans Pref for RIF ☐ YES ☐ NO

27. FEGLI ☐

28. Annuitant Indicator ☐

29. Pay Rate Determinant ☐

30. Retirement Plan ☐

31. Service Comp. Date (Leave)

32. Work Schedule ☐

33. Part-Time Hours Per Biweekly Pay Period ☐

POSITION DATA

34. Position Occupied ☐
1 - Competitive Service 3 - SES General
2 - Excepted Service 4 - SES Career

35. FLSA Category ☐
E - Exempt
N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station *(City - County - State or Overseas Location)*
CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data	41.	42.	43.	44.

45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship ☐ 1 - USA 8 - Other	50. Veterans Status ☐	51. Supervisory Status ☐

PART C - Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature

Approval Date

CONTINUED ON REVERSE SIDE **OVER**
52-118

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NSN 7540-01-333-6239

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? If "YES", please state these facts on a separate sheet and attach to SF 52.) ☐ YES ☐ NO

JUSTIFICATION

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address *(Number, Street, City, State, ZIP Code)*

PART F - Remarks for SF 50

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)*

1. Actions Requested REASSIGNMENT (ARMY AGR)	2. Request Number
3. For Additional Information Call *(Name and Telephone Number)* (POINT OF CONTACT AND TELEPHONE NUMBER)	4. Proposed Effective Date MM-DD-YY
5. Action Requested By *(Typed Name, Title, Signature, and Request Date)* IMMEDIATE SUPERVISOR	6. Action Authorized by *(Typed Name, Title, Signature, and Concurrence Date)* SECOND LINE SUPERVISOR

PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name *(Last, First, Middle)*	2. Social Security Number	3. Date of Birth	4. Effective Date

FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number
UNIT OF ASSIGNMENT
POSITION: MOS:
PARA LINE

15. TO: Position Title and Number
UNIT OF ASSIGNMENT
POSITION: MOS:
PARA LINE

8. Pay Plan	9.Occ. Code	10.Grade or Level	11.Step or Rate	12. Total Salary	13.Pay Basis	8. Pay Plan	9.Occ. Code	18.Grade or Level	19.Step or Rate	20. Total Salary/Award	13.Pay Basis
		E-6						E-6			

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

14. Name and Location of Position's Organization OFFICE OF THE ADJUTANT GENERAL 5636 EAST MCDOWELL ROAD PHOENIX, AZ 85008-3495	22. Name and Location of Position's Organization OFFICE OF THE ADJUTANT GENERAL 5636 EAST MCDOWELL ROAD PHOENIX, AZ 85008-3495

EMPLOYEE DATA

23. Veterans Preference ☐
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

24. Tenure ☐
0 - None 2 - Conditional
1 - Permanent 3 - Indefinite

25. Agency Use ☐

26. Veterans Pref for RIF ☐ YES ☐ NO

27. FEGLI ☐

28. Annuitant Indicator ☐

29. Pay Rate Determinant ☐

30. Retirement Plan ☐

31. Service Comp. Date (Leave)

32. Work Schedule ☐

33. Part-Time Hours Per Biweekly Pay Period ☐

POSITION DATA

34. Position Occupied ☐
1 - Competitive Service 3 - SES General
2 - Excepted Service 4 - SES Career

35. FLSA Category ☐
E - Exempt
N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station *(City - County - State or Overseas Location)*
CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship ☐ 1 - USA 8 - Other	50. Veterans Status ☐	51. Supervisory Status ☐

PART C - Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature

Approval Date

CONTINUED ON REVERSE SIDE
52-118

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? If "YES", please state these facts on a separate sheet and attach to SF 52.) ☐ YES ☐ NO

REASONS , JUSTIFICATION OR AUTHORITY

I CONCUR / NON-CONCUR WITH THIS REASSIGNMENT (JUSTIFICATION FOR NON-CONCURRENCE)

SIGNATURE: ______________________________ DATE: ____________________

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address *(Number, Street, City, State, ZIP Code)*

PART F - Remarks for SF 50

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)*

1. Actions Requested RESIGNATION (ARMY AGR)	2. Request Number
3. For Additional Information Call *(Name and Telephone Number)* (POINT OF CONTACT AND TELEPHONE NUMBER)	4. Proposed Effective Date MM-DD-YY
5. Action Requested By *(Typed Name, Title, Signature, and Request Date)* INCUMBENT	6. Action Authorized by *(Typed Name, Title, Signature, and Concurrence Date)* IMMEDIATE SUPERVISOR

PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name *(Last, First, Middle)* DOE, JOHN M.	2. Social Security Number 000-00-0000	3. Date of Birth MM-DD-YY	4. Effective Date MM-DD-YY

FIRST ACTION		SECOND ACTION	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number

UNIT OF ASSIGNMENT
POSITION: MOS:
PARA LINE

8. Pay Plan	9.Occ. Code	10.Grade or Level	11.Step or Rate	12. Total Salary	13.Pay Basis
		E-5			

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay

14. Name and Location of Position's Organization

OFFICE OF THE ADJUTANT GENERAL
5636 EAST MCDOWELL ROAD
PHOENIX, AZ 85008-3495

15. TO: Position Title and Number

8. Pay Plan	9.Occ. Code	18.Grade or Level	19.Step or Rate	20. Total Salary/Award	13.Pay Basis

20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

22. Name and Location of Position's Organization

EMPLOYEE DATA

23. Veterans Preference
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

24. Tenure
0 - None 2 - Conditional
1 - Permanent 3 - Indefinite

25. Agency Use

26. Veterans Pref for RIF ☐ YES ☐ NO

27. FEGLI

28. Annuitant Indicator

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied
1 - Competitive Service 3 - SES General
2 - Excepted Service 4 - SES Career

35. FLSA Category
E - Exempt
N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station *(City - County - State or Overseas Location)*
CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data	41.	42.	43.	44.

45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date

CONTINUED ON REVERSE SIDE **OVER** Editions Prior to 7/91 Are Not Usable After 6/30/93
52-118 NSN 7540-01-333-6239

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.) ☐ YES ☐ NO

(IDENTIFY UNIT RESIGNED FROM)

SPMD OR MANNING DOCUMENT NUMBER #____

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

TO TAKE CIVILIAN JOB

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address *(Number, Street, City, State, ZIP Code)*
MM-DD-YY	EMPLOYEE'S SIGNATURE	MM-YY-DD	111 S BEND ANYTOWN, MO 00000

PART F - Remarks for SF 50

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)*

1. Actions Requested: RETIREMENT (ARMY AGR)
2. Request Number:
3. For Additional Information Call *(Name and Telephone Number)*: (POINT OF CONTACT AND TELEPHONE NUMBER)
4. Proposed Effective Date: MM-DD-YY
5. Action Requested By *(Typed Name, Title, Signature, and Request Date)*: INCUMBENT
6. Action Authorized by *(Typed Name, Title, Signature, and Concurrence Date)*: IMMEDIATE SUPERVISOR

PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name *(Last, First, Middle)*: DOE, JOHN M.
2. Social Security Number: 000-00-0000
3. Date of Birth: MM-DD-YY
4. Effective Date: MM-DD-YY

FIRST ACTION

5-A. Code
5-B. Nature of Action
5-C. Code
5-D. Legal Authority
5-E. Code
5-F. Legal Authority

SECOND ACTION

6-A. Code
6-B. Nature of Action
6-C. Code
6-D. Legal Authority
6-E. Code
6-F. Legal Authority

7. FROM: Position Title and Number

UNIT OF ASSIGNMENT
POSITION: MOS:
PARA LINE

8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis
		E-5			

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay

14. Name and Location of Position's Organization

OFFICE OF THE ADJUTANT GENERAL
5636 EAST MCDOWELL ROAD
PHOENIX, AZ 85008-3495

15. TO: Position Title and Number

16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis

20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

22. Name and Location of Position's Organization

EMPLOYEE DATA

23. Veterans Preference ☐
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

24. Tenure ☐
0 - None 2 - Conditional
1 - Permanent 3 - Indefinite

25. Agency Use ☐

26. Veterans Pref for RIF ☐ YES ☐ NO

27. FEGLI ☐

28. Annuitant Indicator ☐

29. Pay Rate Determinant ☐

30. Retirement Plan ☐

31. Service Comp. Date (Leave)

32. Work Schedule ☐

33. Part-Time Hours Per Biweekly Pay Period ☐

POSITION DATA

34. Position Occupied ☐
1 - Competitive Service 3 - SES General
2 - Excepted Service 4 - SES Career

35. FLSA Category ☐
E - Exempt
N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station *(City - County - State or Overseas Location)*: CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data	41.	42.	43.	44.

45. Educational Level
46. Year Degree Attained
47. Academic Discipline
48. Functional Class
49. Citizenship ☐ 1 - USA 8 - Other
50. Veterans Status ☐
51. Supervisory Status ☐

PART C - Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature

Approval Date

CONTINUED ON REVERSE SIDE **OVER**

52-118

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? If "YES", please state these facts on a separate sheet and attach to SF 52.) ☐ YES ☐ NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

REASON FOR RETIREMENT - 20 YEARS, ETC.

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address *(Number, Street, City, State, ZIP Code)*
MM-DD-YY	EMPLOYEE'S SIGNATURE	MM-YY-DD	111 S BEND ANYTOWN, MO 00000

PART F - Remarks for SF 50

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office *(Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)*

1. Actions Requested
TERMINATION (INVOLUNTARY) (ARMY AGR)

2. Request Number

3. For Additional Information Call *(Name and Telephone Number)*
(POINT OF CONTACT AND TELEPHONE NUMBER)

4. Proposed Effective Date
MM-DD-YY

5. Action Requested By *(Typed Name, Title, Signature, and Request Date)*
IMMEDIATE SUPERVISOR

6. Action Authorized by *(Typed Name, Title, Signature, and Concurrence Date)*
COMMANDER

PART B - For Preparation of SF 50 *(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)*

1. Name *(Last, First, Middle)*
DOE, JOHN M.

2. Social Security Number
000-00-0000

3. Date of Birth
MM-DD-YY

4. Effective Date
MM-DD-YY

FIRST ACTION

5-A. Code
5-B. Nature of Action
5-C. Code
5-D. Legal Authority
5-E. Code
5-F. Legal Authority

SECOND ACTION

6-A. Code
6-B. Nature of Action
6-C. Code
6-D. Legal Authority
6-E. Code
6-F. Legal Authority

7. FROM: Position Title and Number
UNIT OF ASSIGNMENT
POSITION: MOS:
PARA LINE

8. Pay Plan	9.Occ. Code	10.Grade or Level	11.Step or Rate	12. Total Salary	13.Pay Basis
		E-5			

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay

14. Name and Location of Position's Organization
OFFICE OF THE ADJUTANT GENERAL
5636 EAST MCDOWELL ROAD
PHOENIX, AZ 85008-3495

15. TO: Position Title and Number

8. Pay Plan	9.Occ. Code	18.Grade or Level	19.Step or Rate	20. Total Salary/Award	13.Pay Basis

20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

22. Name and Location of Position's Organization

EMPLOYEE DATA

23. Veterans Preference
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%

24. Tenure
0 - None 2 - Conditional
1 - Permanent 3 - Indefinite

25. Agency Use

26. Veterans Pref for RIF
☐ YES ☐ NO

27. FEGLI

28. Annuitant Indicator

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied
1 - Competitive Service 3 - SES General
2 - Excepted Service 4 - SES Career

35. FLSA Category
E - Exempt
N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station *(City - County - State or Overseas Location)*
CITY, COUNTY, STATE (I.E. PHOENIX, MARICOPA, ARIZONA)

40. Agency Data	41.	42.	43.	44.

45. Educational Level
46. Year Degree Attained
47. Academic Discipline
48. Functional Class
49. Citizenship
1 - USA 8 - Other
50. Veterans Status
51. Supervisory Status

PART C - Reviews and Approvals *(Not to be used by requesting office.)*

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature

Approval Date

CONTINUED ON REVERSE SIDE
52-118

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93
NSN 7540-01-333-6239

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.) ☐ YES ☐ NO

JUSTIFICATION: (CONTACT AGR MANAGER FOR DETAILS)

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address *(Number, Street, City, State, ZIP Code)*

PART F - Remarks for SF 50